

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION

## Part 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name DCF		9. Position No. K0225702.	10. Budget Program Number		Agency Number	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position)			
3. Division PPS			12. Proposed Class Title			
4. Section	For Use By Personnel Office	13. Allocation				Position Number
5. Unit Assessment Protection and Interstate Placement		14. Effective Date				
6. Location (address where employee works)  City Topeka County Shawnee		15. By	Approved			
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. %		16. Audit Date: By: Date: By:				
8. Regular hours of work: (circle appropriate time)  FROM: 8:00 AM/PM To: 5:00 AM/PM	17. Audit Date: By: Date: By:					

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
Scott Henricks	Public Service Executive I	K0225371

Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
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20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

The selected candidate will have much latitude in completing day to day tasks. Work completed is guided by statutes, regulations and agency policy. However, completing the work may be done in the manner chosen by the candidate. The supervisor will be available for guidance and support as needed. Assignments will be given in general terms leaving latitude for the employee to determine the best way to complete tasks. Additional information/guidance is available if desired.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
25	E	<p>Expungement Assistance</p> <p>Provides assistance to expungement applicants with completing Applicants Questionnaires and determining what supporting documentation the agency shall require.</p> <p>Provides technical assistance to regional personnel when making recommendations about potential expungements.</p> <p>Works with the Program Manager and Program Administrator to ensure the expungement process is as streamlined as possible while meeting all regulatory and statutory requirements.</p>
30	E	<p>Central Registry</p> <p>Completes Central Registry checks</p> <p>Provides customer service to individuals and businesses who have requested Central Registry requests.</p> <p>Provides technical assistance to regions to ensure Central Registry background checks are conducted appropriately and by to proper entity.</p> <p>Works with the Program Manager and the Program Administrator to ensure the Central Registry process is as streamlined as possible.</p>
30	E	<p>Abuse Neglect and Exploitation Unit</p> <p>Acts as the liaison between DCF and the Abuse Neglect and Exploitation (ANE) Unit of the Attorney General's office.</p> <p>Researches DCF files and provides answers for the ANE unit.</p> <p>Provides the ANE unit with information regarding DCF policy and procedures.</p> <p>Through case reviews, identifies trends which may need to be brought to the attention of the Program Administrator and/or Deputy Director for possible policy revision or training.</p>
10	M	<p>Miscellaneous</p> <p>Provides assistance to the regions by completing the PPS0500 for child death cases when the agency has had contact with the family.</p>
5	M	<p>Assists with other duties the division needs to conduct the work of the agency.</p>

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
- ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
- ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name	Title	Position Number
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23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.
- ( X ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ( ) Loss of life, disruption of operations of a major agency.

Please give examples.

If work is not performed correctly or timely, other agencies will be impacted and possibly experience workforce shortages due to not having timely Central Registry checks. If expungements are not conducted adequately and timely, the applicants may lose employment opportunities. ANE Unit inquiries must be completed timely and accurately to avoid miscommunication between agencies.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

The selected candidate will have regular contact with DCF staff and with the public in regard to expungement applications and Central Registry requests. A positive attitude and excellent communication skills are essential.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

Normal business discomforts exist.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Normal office equipment is used; phone computer, copier, fax, scanner all will be used on a daily basis. General proficiency with computers is essential.

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**PART III - To be completed by the department head or personnel office**

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27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education – General. A high school education is necessary.

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Education or Training - special or professional  
None required

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Licenses, certificates and registrations  
None Required

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Special knowledge, skills and abilities  
Knowledge of DCF systems; KIPS, KIDS, FACTS, is essential for this position

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Experience - length in years and kind  
DCF, PPS experience is preferred.

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

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Signature of Employee

Date

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Signature of Personnel Official

Date

**Approved:**

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Signature of Supervisor                      Date

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Signature of Agency Head or  
Appointing Authority                      Date